Fill in this information to identify your case:					
Debtor 1	Robert Fasano				
	First Name	Middle Name	Last Name		
Debtor 2	Francesca Fasano)			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States I Case number (If known)	Bankruptcy Court for the: M	,	vania		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
	ead the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I have t t they are true and correct.	ead the summary and schedules filed with this declaration and
	ead the summary and schedules filed with this declaration and
	ead the summary and schedules filed with this declaration and
	ead the summary and schedules filed with this declaration and //s/ Francesca Fasano

Fill in this information to identify your case:				
Debtor 1	Robert Fasano	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Francesca Fasano	Middle Name	Last Name	
United States Bankruptcy Court for the: Middle District of Pennsylvania				
Case number	5:20-bk-03637-RN	10	-	

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ 160,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	. \$110,350.00
1c. Copy line 63, Total of all property on Schedule A/B	\$270,350.00
Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	258 856 00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$378,514.00
Your total liabilities	\$642,670.00
Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$7,895.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	s 7,607.00

De	btor	1
----	------	---

Part 4:

Answer These Questions for Administrative and Statistical Records

6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes
7.	What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,797.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on <i>Schedule E/F</i> , copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$5,300.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$318,320.00
De. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
Of. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$
9g. Total. Add lines 9a through 9f.	\$323,620.00

Fill in this information to identify your case and this filing:				
Debtor 1	Robert Fasano			
	First Name	Middle Name	Last Name	
Debtor 2	Francesca Fasa	no		
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the: 5:20-bk-03637-F		nnsylvania	

Official Form 106A/B

Schedule A/B: Property

12/15

Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 3111 West Clover Court Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ■ Land 160,000.00 160,000.00 Investment property Long Pond PA 18334 Describe the nature of your ownership ■ Timeshare State 7IP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Fee Simple Debtor 1 only Monroe Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the portion you own? ■ Manufactured or mobile home entire property? Land ■ Investment property Describe the nature of your ownership City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Robert F	asano	
E: LNI		

1.3.	Street address, if available City County	State ZIP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite		d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ If your ownership simple, tenancy by e estate), if known.
			property identification number: Il of your entries from Part 1, including any entries	for pages	\$160,000.00
you own	that someone else drive vans, trucks, tractors,	al or equitable interes s. If you lease a vehicle	st in any vehicles, whether they are registered or re, also report it on <i>Schedule G: Executory Contracts a</i>		S
3.1.	Make: Model:	Toyota Highlander	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Year: Approximate mileage:	<u>2021</u> <u>6000</u>	 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see instructions)	\$38,000.00	\$38,000.00
If you	own or have more than	one, describe here:			
3.2.	Make: Model:	Prius	Who has an interest in the property? Check one. ✓ Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clair.	d claims on <i>Schedule D:</i>
	Year: Approximate mileage:	<u>4000</u>	Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see instructions)	\$26,000.00	\$26,000.00

:	3.3.	Make:	Toyota	Who has an interest in the property? Check one.	Do not deduct secured cla	
		Model:	Tacoma	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
		Year:	2020	Debtor 2 only	Current value of the	Current value of the
		Approximate mileage:	10000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		Other information:		At least one of the deptors and another	00 004 00	00 004 00
		Used & Paid By A	dult Son	☐ Check if this is community property (see instructions)	\$ 22,291.00	\$22,291.00
;	3.4.	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
		Model:		Debtor 1 only	the amount of any secure Creditors Who Have Clain	
		Year:		Debtor 2 only	Current value of the	Current value of the
		Approximate mileage:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		Other information:		At least one of the deptors and another		40.000.00
		See Sched B Part for additional vehi	-	☐ Check if this is community property (see instructions)	\$	\$12,998.00
Ţ	2 No → Ye 4.1.			Who has an interest in the property? Check one.	Do not deduct secured cla	
		Model:		☐ Debtor 1 only ☐ Debtor 2 only	Creditors Who Have Clair	
		Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Other information:		At least one of the debtors and another	entire property?	portion you own?
				☐ Check if this is community property (see instructions)	\$	\$
li	f you	own or have more than	one, list here:			
	4.2.	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
		Model:		Debtor 1 only	the amount of any secure Creditors Who Have Clair	
		Year:		Debtor 2 only	Current value of the	Current value of the
		Other information:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
				At least one of the deptors and another		
				☐ Check if this is community property (see instructions)	\$	\$
			_	ll of your entries from Part 2, including any entries		\$ 99,289.00
У	ou h	ave attached for Part	2. Write that number h	here	······→	

Part 3: Describe Your Personal and Household Items

Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No	
	Yes. Describe Average Assorted Household Goods & Furnishings	\$6,000.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No	
	Yes. Describe 1 TV, Mac Computer (5 yrs. old)	\$
8	Collectibles of value	
0.	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	Yes. Describe	\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes. Describe	•
		\$
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	
	Yes. Describe	\$
11	Clothes	
11.	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No No	
	Yes. Describe Average Wearing Apparel	\$1,200.00
12	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No □ Yes. DescribeAverage Family Jewelry	\$1,500.00
13	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
	✓ Yes. Describe 2 Dogs	\$
	Any other personal and household items you did not already list, including any health aids you did not list	
	☑ No	
	Yes. Give specific information	\$
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$9,600.00
	for Part 3. Write that number here	

Robert Fasano
First Name Middle Name Last Name

D	ar	-+	1	

Describe Your Financial Assets

Do you own or have any l	egal or equitable interest in a	any of the following?		Current value of th portion you own? Do not deduct secured or exemptions.	
16. Cash <i>Examples:</i> Money you h	nave in your wallet, in your hom	e, in a safe deposit box, and on hand when you fi	le your petition		
☐ No ☑ Yes			Cash:	\$50	0.00
		nts; certificates of deposit; shares in credit unions ultiple accounts with the same institution, list each			
☐ No ☑ Yes		Institution name:			
	17.1. Checking account:	Santander (Joint)		\$200	0.00
	17.2. Checking account:	Santander (D1 Only)		\$200	0.00
	17.3. Savings account:	Santander (Joint)		\$	1.00
	17.4. Savings account:	Santander (D2 Only)		\$10	0.00
	17.5. Certificates of deposit:		· · · · · · · · · · · · · · · · · · ·	\$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:		· · · · · · · · · · · · · · · · · · ·	\$	
	17.8. Other financial account:		· · · · · · · · · · · · · · · · · · ·	\$	
	17.9. Other financial account:			\$	
18. Bonds, mutual funds, of Examples: Bond funds, i		erage firms, money market accounts			
				\$ \$	
				\$	
19. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, includir	ng an interest in % of ownership:		
Yes. Give specific			0%%	\$	
information about them			0% %	\$	
			0%%	\$	

20 Government and corpo	orate bonds and othe	er negotiable and non-negotiable instruments	
Negotiable instruments	include personal chec	ks, cashiers' checks, promissory notes, and money orders. Inot transfer to someone by signing or delivering them.	
✓ No	one are those you can	mot transfer to composite by digning of dollvering them.	
☐ Yes. Give specific	Issuer name:		
information about them			\$
			\$
			\$
21. Retirement or pension Examples: Interests in IF		1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
No No			
Yes. List each account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:	NYC Teacher Retirement System (Right to Receive)	\$
	IRA:		Ф.
			Φ
	Retirement account:		\$
	Keogh:		Φ
	Additional account:		\$
	Additional account:		\$
Examples: Agreements companies, or others	l deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	
☑ No			
Yes	Ins	titution name or individual:	
	Electric:		\$
	Gas:		\$
	Heating oil:		\$
		tal unit:	\$
	Prepaid rent:		\$
	Telephone: Water:		\$
	Rented furniture:		\$
	Other:		\$
			\$
23. Annuities (A contract fo	r a periodic payment c	of money to you, either for life or for a number of years)	
☑ No	-		
☐ Yes	Issuer name and desc	eription:	
			\$
			\$
			\$

_	_	_	_	_	_	_			_
			1	~	-+	NI	-	_	,

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	te tuition program.	
☑ No ☐ Yes		
institution frame and description. Separately life the records of any interest		:
		\$
		\$
		\$
25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights of exercisable for your benefit	r powers	
No		
Yes. Give specific information about them		\$
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements		
☑ No		1
Yes. Give specific information about them		\$
27. Licenses, franchises, and other general intangibles		
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profes	sional licenses	
✓ No ☐ Yes. Give specific		1
information about them		\$
Money or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you		
☑ No		
☐ Yes. Give specific information	Federal: \$	S
about them, including whether you already filed the returns	State: \$	S
and the tax years	Local:	S
29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlem ✓ No	ent, property settlemen	ıt
Yes. Give specific information		
·	Alimony:	\$
	Maintenance:	\$
	Support:	\$
	Divorce settlement: Property settlement:	\$ \$
	гторыну зешеттети:	¥
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wor Social Security benefits; unpaid loans you made to someone else	kers' compensation,	
☑ No		1
☐ Yes. Give specific information		\$

Case number (if known)	5:20-bk-03637-RNO

Debtor 1

Robert F	asano		
First Name	Middle Nome	Last Name	

31. Interests in insurance policies Examples: Health, disability, or life insuran No	ce; health savings account (HSA); credit, home	owner's, or renter's insurance	
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
	Work Related Term Only	Wife	\$
			\$
			\$
 32. Any interest in property that is due you If you are the beneficiary of a living trust, e property because someone has died. ✓ No ✓ Yes. Give specific information 	xpect proceeds from a life insurance policy, or a	are currently entitled to receive	
			\$
33. Claims against third parties, whether or Examples: Accidents, employment dispute ✓ No ✓ Yes. Describe each claim	-	and for payment	
Of Other continuent and unliquidated alaim		of the deleter and similar	\$
to set off claims No	ns of every nature, including counterclaims o	of the deptor and rights	
Yes. Describe each claim			 \$
I			Φ
25 Any financial accets you did not already	, lint		
35. Any financial assets you did not already 2 No	riist		- 1
☐ Yes. Give specific information			\$
I			
	s from Part 4, including any entries for page	_	\$461.00
Part 5: Describe Any Business-I	Related Property You Own or Have	e an Interest In. List any r	eal estate in Part 1.
37. Do you own or have any legal or equital	ole interest in any business-related property	?	
No. Go to Part 6.			
✓ Yes. Go to line 38.			
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions yo	ou already earned		
☑ No			7
Yes. Describe			\$
39. Office equipment, furnishings, and supplexamples: Business-related computers, software No	plies e, modems, printers, copiers, fax machines, rugs, telep	phones, desks, chairs, electronic devices	_
Yes. Describe			\$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
No		
✓ Yes. Describe Yard Tools & Machines		\$1,000.00
41. Inventory		
✓ No ☐ Yes. Describe		\$
42. Interests in partnerships or joint ventures		
☑ No		
Yes. Describe Name of entity:	% of ownership:	
	_	\$
		\$
	%	\$
43. Customer lists, mailing lists, or other compilations		
 ✓ No ✓ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 1010) 	(41A)) ?	
□ No	(,) -	
Yes. Describe		\$
		φ
44. Any business-related property you did not already list		
✓ No✓ Yes. Give specific		
information		\$
		\$
		\$
		\$
		\$
		\$
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have		\$1,000.00
for Part 5. Write that number here	7	
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or	Have an Interest Ir	١.
If you own or have an interest in farmland, list it in Part 1.		
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related	property?	
☑ No. Go to Part 7.		
☐ Yes. Go to line 47.		
		Current value of the portion you own?
		Do not deduct secured claims or exemptions.
47. Farm animals		,
Examples: Livestock, poultry, farm-raised fish		
☐ No ☐ Yes		
		\$

_	 $\overline{}$	_	_	_	_	_

48. Crops—either growing or harvested		
☐ No ☐ Yes. Give specific information		\$
49. Farm and fishing equipment, implements, machinery, fixture		_
☐ Yes		\$
50. Farm and fishing supplies, chemicals, and feed		
☐ No ☐ Yes		7
		\$
51. Any farm- and commercial fishing-related property you did r	not already list	-
Yes. Give specific information		\$
52. Add the dollar value of all of your entries from Part 6, includ for Part 6. Write that number here		\$
Part 7: Describe All Property You Own or Have	an Interest in That You Did Not List Above	
53. Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?	
☑ No		\$
Yes. Give specific information		\$
		\$
54. Add the dollar value of all of your entries from Part 7. Write t	that number here	\$
Part 8: List the Totals of Each Part of this Form	1	
55. Part 1: Total real estate, line 2	→	\$160,000.00
56. Part 2: Total vehicles, line 5	\$99,289.00	
57. Part 3: Total personal and household items, line 15	\$9,600.00	
58. Part 4: Total financial assets, line 36	\$461.00	
59. Part 5: Total business-related property, line 45	\$1,000.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$	
61. Part 7: Total other property not listed, line 54	+\$	
62. Total personal property. Add lines 56 through 61	\$110,350.00 Copy personal property total →	+\$110,350.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$270,350.00

Robert Fasano, aka Robert J Fasano, aka Robert James Fasano, **Debtor 1** Chapter 13

Case No. 5:20-bk-03637-RNO

Francesca Fasano, aka Francesca Maria Fasano, **Debtor 2**

Continuation of Schedule B, Part-3 - Vehicles

Item No.	Make, Model, Year,	Who has an interest?	Current value of the entire property?	Current value of the portion you own?
3.5	Toyota Corolla 2014 87,000 miles	Debtor 1 Only	\$ 6,062.00	\$ 6,062.00
3.6	Toyota Rav4 2008 210,000 miles	Debtor 1 Only	\$ 3,060.00	\$ 3,060.00
3.7	Toyota Tacoma 2007 277,000 miles Frequent repairs	Debtor 1 Only	\$ 3,876.00	\$ 3,876.00
3.8	Volkswagen Bug 1973 Inoperable long time, No engine; Purchased with son's proceeds long ago	Debtor 1 Only	\$ 0.00	\$ 0.00

Total to be entered on Schedule B, Line 3.4: \$12,998.00

Fill in this information to identify your case:					
Debtor 1	Robert Fasano				
	First Name	Middle Name	Last Name		
Debtor 2	Francesca Fasano				
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Middle District of Pennsylvania					
Case number	5:20-bk-036	37-RNO			
(If known)					

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	Part 1: Identify the Property You Claim as Exempt								
	 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 								
		on of the property and line on that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption				
	Brief description: Line from Schedule A/B:	Toyota Highlander 3.1	\$38,000.00	\$\frac{4,000.00}{100\% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(2)				
	Brief description: Line from Schedule A/B:	Toyota Corolla	\$ <u>6,062.00</u>	\$\(\delta\) \\$ 6,062.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(5)				
	Brief description: Line from Schedule A/B:	Toyota Rav4	\$3,060.00	■ \$\(\frac{3,060.00}{100\%}\) of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(5)				
3.	(Subject to adjust ✓ No	·	years after that for cases	filed on or after the date of adjustment.					

Debtor 1

Middle Name

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	Toyota Tacoma 3.7	\$3,876.00	\$ 3,876.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(5)
Brief description: Line from Schedule A/B:	Hshld Goods & Furn.	\$6,000.00	\$ 6,000.00 \\ \text{100% of fair market value, up to any applicable statutory limit}	11 U.S.C. Sec. 522(d)(3)
Brief description: Line from Schedule A/B:	Hshld Electronics 7	\$	\$	11 U.S.C. Sec. 522(d)(3)
Brief description: Line from Schedule A/B:	Clothing 11	\$1,200.00	\$1,200.00_ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(3)
Brief description: Line from Schedule A/B:	Jewelry 12	\$1,500.00	■ 1,500.00 □ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(4)
Brief description: Line from Schedule A/B:	Pets	\$200.00	\$200.00 \[\begin{align*}	11 U.S.C. Sec. 522(d)(3)
Brief description: Line from Schedule A/B:	<u>Cash</u> <u>16</u>	\$50.00	\$ 50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(5)
Brief description: Line from Schedule A/B:	Bank Accounts 17	\$411.00	\$ 411.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(5)
Brief description: Line from Schedule A/B:	NYC Ret Entitlement 21	\$	\$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(10) or (12), or not property of estate
Brief description: Line from Schedule A/B:	Tools of Trade	\$1,000.00	■ 1,000.00 ■ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Sec. 522(d)(6)
Brief description: Line from Schedule A/B:		\$	\$ \$100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ \$100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:						
Debtor 1	Robert Fasai	Robert Fasano				
-	First Name	Middle Name	Last Name			
Debtor 2	Francesca F	Francesca Fasano				
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Middle District of Pennsylvania						
Case number	5:20-bk-036	37-RNO				
(If known)						

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Secured Claims			
for each claim. If more than one creditor h As much as possible, list the claims in alph	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Column C Value of collateral that supports this claim If any
Freedom Mortgage	Describe the property that secures the claim:	\$151,000.00	\$ 160,000.00 _{\$}
Creditor's Name 907 Pleasant Valley Avenue Number Street	3111 West Clover Ct, Long Pond, PA		
Mt. Laurel NJ 08054 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	 ✓ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) 	_	
Date debt was incurred	Last 4 digits of account number 4 5 9 1		
2.2 Emerald Lakes Association	Describe the property that secures the claim:	\$7,500.00	\$ 160,000.00 \$
Creditor's Name 1112 Glade Drive Number Street	3111 West Clover Ct, Long Pond, PA		
	As of the date you file, the claim is: Check all that apply.	_	
	Contingent		
Long Pond PA 18334 City State ZIP Code	✓ Unliquidated ☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 5 7 1 7	-	
Date debt was incurred		\$158,500.00	
Add the dollar value of your entries in	Column A on this page. Write that number here:	130,300.00	<u> </u>

First Name Middle Name Last Name

Pa	Additional Page After listing any entries on this p by 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Val	umn B ue of collateral t supports this m	Column C Unsecured portion If any
2.3	Toyota Motor Credit Corporation	Describe the property that secures the claim:	\$ 33,892.00	\$	38,000.00 \$	
	Creditor's Name PO Box 9013 Number Street	2021 Toyota Highlander				
	Addison TX 75001 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed				
[Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 12/14/0202	Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) ✓ Statutory lien (such as tax lien, mechanic's lien) ✓ Judgment lien from a lawsuit ✓ Other (including a right to offset) Last 4 digits of account number 7 1 2 7	-			
_	1		22 200 00		00 000 00	0.000.00
2.4	Creditor's Name PO Box 9013	Describe the property that secures the claim: 2021 Toyota Prius	\$32,280.00	\$	26,000.00	6,280.00
	Number Street	As of the date you file, the claim is: Check all that apply.				
	Addison TX 75001 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	 Contingent Unliquidated Disputed Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) 				
[Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	-			
ı	Date debt was incurred 10/31/0202	Last 4 digits of account number 1 3 2 6				
2.4	Toyota Motor Credit Corporation	Describe the property that secures the claim:	\$34,184.00	\$	22,291.00 \$	11,893.00
	PO Box 9013 Number Street	2020 Toyota Tacoma				
	Addison TX 75001 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed				
	Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	-			
ı	Date debt was incurred	Last 4 digits of account number $\underline{6\underline{5}}$		4		
	Add the dollar value of your entries	in Column A on this page. Write that number here:	\$100,356.00			
	If this is the last page of your form, Write that number here:	add the dollar value totals from all pages.	\$ 258,856.00			

Fill in this in	formation to ide	entify your case:	
Debtor 1	Robert Fasar	10	
-	First Name	Middle Name	Last Name
Debtor 2	Francesca F	asano	
(Spouse, if filing)	First Name	Middle Name	Last Name
United States F	Bankruptcy Court fo	or the: Middle District of Pe	nnsylvania
Case number 5:20-bk-03637-RNO			
(If known)			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	additional pages, write your name and case nu	mber (if known).	iuatioi	i rage to	tilis page. O	ii tile top oi
Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims				
2.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	editor has more than one priority unsecured claim, list th a claim has both priority and nonpriority amounts, list tha claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim,	at clain ame. If	n here and you have	d show both p more than tw	riority and o priority
	i or an explanation of each type of daini, see the l	istactions for this form in the instruction booklet.)	Tota	claim	Priority amount	Nonpriority amount
2.1	Department of Treasury Priority Creditor's Name Internal Revenue Service	Last 4 digits of account number	\$ <u> 5</u>	,000.00	\$	\$
	Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify				
2.2	Berkheimer Tax Administrator Priority Creditor's Name 50 N 7th Street Number Street	Last 4 digits of account number		300.00	\$	\$
	Bangor PA 18013 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes	 □ Contingent ☑ Unliquidated □ Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations ☑ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify 				

Dort	າ.
Part	7:
	_

List All of Your NONPRIORITY Unsecured Claims

3.	B. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. ☐ Yes						
4.	nonpriority unsecured claim, list the cred	ditor separa litor holds a	ately for each claim	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three no	list cl	aims already	
					To	tal claim	
4.1	American Education Services Nonpriority Creditor's Name			Last 4 digits of account number	\$	189,000.00	
	1200 North Seventh Street			When was the debt incurred?	*		
	Harrisburg City	PA State	17102 ZIP Code	As of the date you file, the claim is: Check all that apply.			
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community the claim subject to offset? ✓ No			 □ Contingent ☑ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: ☑ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify 			
	Yes			, ,		5 400 00	
4.2	Capital One Services LLC (Cal Nonpriority Creditor's Name PO Box 30285	bela's)		Last 4 digits of account number 9 5 4 4 When was the debt incurred?	\$	5,100.00	
	Number Street Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.			
	City Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a communication.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
	Is the claim subject to offset? No Yes	nity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card			
4.3	Chase Bank			Last 4 digits of account number1 _0 _3 _1	Φ.	5,000.00	
	Nonpriority Creditor's Name PO Box 15298			When was the debt incurred?	Φ	0,000.00	
	Number Street Wilmington City	DE State	84130 ZIP Code	As of the date you file, the claim is: Check all that apply.			
	Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only	State	ZIF Code	☐ Contingent☑ Unliquidated☐ Disputed			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a commun	nitv debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
	Is the claim subject to offset? ✓ No ☐ Yes			□ Obligations arising out of a separation agreement of divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify <u>Credit Card</u>			

Part 2:

st Name	Middle	Name		

Aft	er listing any entries on this page, nu	ımber the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
1.4	Comenity Capital Bank (BJ's); Bankrı	uptcy Dept	Last 4 digits of account number 4 6 8 4	\$_3,100.00
	Nonpriority Creditor's Name PO Box 183043			When was the debt incurred?	
	Number Street Columbus	ОН	43218	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans	
	☐ Check if this claim is for a commu			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? No Pes	mity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	
1.5	Credit One Bank			Last 4 digits of account number 5 7 9 3	\$_1,051.00
	Nonpriority Creditor's Name			When was the debt incurred?	
	PO Box 98873 Number Street			As of the date you file the claim in Obselvell that such	
	Las Vegas	NV	89193	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another	-		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	inity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			✓ Other. Specify Credit Card	
	☑ No ☐ Yes				
1.6	Mandala Hadina Cantar			Last 4 digits of account number	\$_11,000.00
	Mandala Healing Center Nonpriority Creditor's Name				
	5408 East Avenue			When was the debt incurred?	
	Number Street West Palm Beach	FL	33407	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			✓ Unliquidated✓ Disputed	
	Debtor 1 only			_ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	-		Student loans	
	☐ Check if this claim is for a commu			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	mily debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify MedServices forFamily Member	
	No Yes			₩ Other. Specify intedSetvices for Family intemper	

Part 2:

Aft	er listing any entries on this page, number th	em beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
4.7	Dept of Ed/NeInet Nonpriority Creditor's Name		Last 4 digits of account number	\$_14,100.0 •
	3015 Parker Rd, Suite 400 Number Street		When was the debt incurred?	
	Number Street Aurora CO	80014	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent ✓ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community deb	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes		Other. Specify	
4.8	First Descripe Dead.		Last 4 digits of account number 7 6 2 4	\$ 663.00
	First Premier Bank Nonpriority Creditor's Name			φ
	PO Box 5524 Number Street		When was the debt incurred?	
	Sioux Falls SD	57117	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community deb	t	you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	
	✓ No ☐ Yes		Officer Specify Officer Gard	
4.9	Goodyear Credit Plan		Last 4 digits of account number 0 6 2 6	\$_1,500.00
	Nonpriority Creditor's Name PO Box 6403		When was the debt incurred?	
	Number Street	E7117	As of the date you file, the claim is: Check all that apply.	
	Sioux Falls SD City State	57117 ZIP Code	Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated☐ Disputed	
	Debtor 1 only		■ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community deb	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		Other Specify Credit Card	

Part 2:

Robert Fasano Last Name

				_		_	_							
First	Na	me	Э					М	id	dle	٩N	lar	ne	,

Afte	r listing any entries on this page, number th	nem beginning wit	th 4.4, followed by 4.5, and so forth.	То	tal claim
.10	Home Depot		Last 4 digits of account number	\$	0.00
	Nonpriority Creditor's Name 5800 South Corporate PI		When was the debt incurred?		
	Number Street Sioux Falls SD	57108	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent ✓ Unliquidated		
	Who incurred the debt? Check one. Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that		
	lacksquare Check if this claim is for a community deb	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No ☐ Yes		Other. Specify Credit Card		
11	Kohl's Department Store Nonpriority Creditor's Name		Last 4 digits of account number 4 3 4 7	\$	430.00
	PO Box 3115		When was the debt incurred?		
	Number Street Milwaukee WI	53201	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		✓ Unliquidated✓ Disputed		
	Debtor 1 only		·		
	✓ Debtor 2 only☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another		☐ Student loans☐ Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community deb	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify Credit Card		
	✓ No ☐ Yes				
12	MABT/TFC		Last 4 digits of account number	\$	
	Nonpriority Creditor's Name		When was the debt incurred?		
	960 S Bishop Ave		when was the dest incurred:		
	Rolla MO	65401	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		✓ Unliquidated✓ Disputed		
	Debtor 1 only				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community deb	t	you did not report as priority claims		
	Is the claim subject to offset?	-	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Old CC - Details Unknown		
	✓ No ☐ Yes		Other. Specify Old OO - Details Officiowiff		

Part 2:

Lehigh Valley Health Network Nonpriority Creditor's Name PO Box 4120 Last 4 digits of account number 2 6 When was the debt incurred?	\$_2,500.00
When was the debt incurred?	
- · · · · · · · · · · · · · · · · · · ·	
Number Street Allentown PA 18105 As of the date you file, the claim is: Checken	k all that apply.
City State ZIP Code ☐ Contingent ☐ Unliquidated ☐ Contingent ☐ Unliquidated ☐ Directors ☐ Directors	
who incurred the debt? Check one. Disputed Debtor 1 only	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Student lease	:
At least one of the debtors and another Obligations arising out of a separation agr	eement or divorce that
☐ Check if this claim is for a community debt you did not report as priority claims ☐ Debts to pension or profit-sharing plans, a	nd other similar debts
Is the claim subject to offset? ☑ Other. Specify Services	
☐ Yes	
.14 Mohela/Dept of Ed Last 4 digits of account number 4 3	<u>5</u> <u>6</u> \$ 22,120.00
Nonpriority Creditor's Name When was the debt incurred?	
633 Spirit Drive Number Street Observator field. As of the date you file, the claim is: Checkers of the date of	k all that annly
Chesterfield MO 63005 City State ZIP Code Contingent	к ан шасарріу.
Unliquidated	
☐ Debtor 1 only	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Student lease.	:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Obligations arising out of a separation agr	eement or divorce that
☐ Check if this claim is for a community debt you did not report as priority claims ☐ Debts to pension or profit-sharing plans, a	nd other similar debts
Is the claim subject to offset?	
☑ No □ Yes	
.15 Navient Last 4 digits of account number 0 6	<u>1 1</u> <u>\$56,100.00</u>
Nonpriority Creditor's Name When was the debt incurred?	
PO Box 9500 Number Street As of the data you file the claim in Chas	It all that apply
Wilkes-Barre PA 19773 City State ZIP Code As of the date you file, the claim is: Chec	к ан тпат арргу.
✓ Unliquidated	
Who incurred the debt? Check one. ☐ Disputed ☐ Debtor 1 only	
☐ Debtor 2 only Type of NONPRIORITY unsecured claim	:
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ At least one of the debtors and another	
Obligations arising out of a separation agr Check if this claim is for a community debt Under the community debt of the community	
☐ Debts to pension or profit-sharing plans, a Is the claim subject to offset? ☐ Other. Specify	nd other similar debts
✓ No ☐ Yes	

Robert Fasano Last Name Case number (if known) 5:20-bk-03637-RNO

Part 2	2:

Afte	er listing any entries on this page, number then	n beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
.16	Notre Dame FCU		Last 4 digits of account number 8 6 4 9	\$_10,000.00
	Nonpriority Creditor's Name 1828 Moreau Drive		When was the debt incurred?	
	Number Street Notre Dame IN	46556	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.	ZIP Code	☐ Contingent☑ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset? ✓ No ☐ Yes		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	
.17	Notre Dame Regional School System Nonpriority Creditor's Name		Last 4 digits of account number	\$_3,000.00
	60 Spangenburg Avenue		When was the debt incurred?	
	Number Street	10201	As of the date you file, the claim is: Check all that apply.	
	East Stroudsburg PA City State	18301 ZIP Code	Contingent	
	Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		 ✓ Unliquidated ✓ Disputed Type of NONPRIORITY unsecured claim: ✓ Student loans 	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Services	
	✓ No ☐ Yes			
.18	Portfolio Recovery Associates		Last 4 digits of account number 5 2 5 0	\$_1,000.00
	Nonpriority Creditor's Name 120 Corporate Blvd		When was the debt incurred?	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	Norfolk VA City State	23502 ZIP Code	Contingent	
	Who incurred the debt? Check one.	Zii Gode	✓ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only		Type of NONDPIOPITY unsecured slaim:	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	$oldsymbol{\square}$ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		Other. Specify Old Cap One CC 5250	

Robert Fasano Last Name Case number (if known) 5:20-bk-03637-RNO

Part 2:

Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
.19	Sirius XM Radio, Inc.	Last 4 digits of account number 9 0 4 8	\$100.00
	Nonpriority Creditor's Name PO Box 33174	When was the debt incurred?	
	Number Street Detroit MI 48232	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes	 □ Contingent ☑ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Services 	
.20	Synchrony Bank (JC Pen, TJ Maxx, Lowe's) Nonpriority Creditor's Name	Last 4 digits of account number	\$ 500.00
	PO Box 965009 Number Street	When was the debt incurred?	
	Orlando FL 32896	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☑ Unliquidated	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Multiple CCs	
	☑ No □ Yes		
.21	TD Bank USA, N.A MS-NCB-0464	Last 4 digits of account number 7 7 2 9	\$_3,350.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	7000 Target Parkway North Number Street	-	
	Brooklyn Park MN 55445	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Turns of NONDRIORITY upges sured eleien.	
	✓ Debtor 2 only □ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	lacksquare Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes	Other. Specify Target Credit Card	

Debtor 1

Robert Fasano Last Name

First Name

Da	rt	2
Рα	rt	_

Afte	er listing any entries on this page, number them beginning with 4.4	1, followed by 4.5, and so forth.	Total claim
.22	Kansas City University – Med Attn: Treasurer or Nonpriority Creditor's Name	Last 4 digits of account number	\$_5,000.00
	2150 Independence Blvd Legal Dept.	When was the debt incurred?	
	Number Street Kansas City MO 64106	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	 □ Contingent ☑ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Approx 1991 Tuition & Charges 	
.23	USAA Savings Bank Nonpriority Creditor's Name	Last 4 digits of account number 2 8 0 7	\$_6,900.00
	PO Box 33009	When was the debt incurred?	
	Number Street San Antonio TX 78265	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	 ✓ Unliquidated Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card 	
.24	New York State Higher Education Corporation	Last 4 digits of account number	\$ 37,000.00
	Nonpriority Creditor's Name 99 Washington Ave, Dept. 736	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Albany NY 12255 City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one. ✓ Debtor 1 only	✓ Unliquidated ☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	✓ Student loans✓ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset? ✓ No ☐ Yes	□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Mayhavealreadybeendischarge	

Part 3:

List Others to Be Notified About a Debt That You Already Listed

example, if a collection agenc 2, then list the collection agen	y is trying to cy here. Sim	collect from you hav	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.	
AES			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			Line 4.1 of (Check and) D. Dort 4: One different with Driving Uncommend C	
PO Box 61047 Number Street			Line <u>4.1</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
			Part 2. Creditors with Nonphority offsecured Claims	
Harrisburg		17106	Last 4 digits of account number	
City	State	ZIP Code		
Creditech, Inc.			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			Line 2.2 of (Check one): ✓ Part 1: Creditors with Priority Unsecured Claims	
PO Box 20330 Number Street			Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured	
			Claims	
Lehigh Valley	PA State	18002 ZIP Code	Last 4 digits of account number	
Fedloan Servicing			On which entry in Part 1 or Part 2 did you list the original creditor?	
PO Box 60610			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims	
Harrisburg	PA State	17106 ZIP Code	Last 4 digits of account number	
Midland Funding LLC			On which entry in Part 1 or Part 2 did you list the original creditor?	
C/o Pressler, Felt & War Number Street 7 Entin Road	shaw LLP		Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Parsippany City	NJ State	07054 ZIP Code	Last 4 digits of account number 5 7 9 3	
Patenaude & Felix, A.P.	C.		On which entry in Part 1 or Part 2 did you list the original creditor?	
501 Corporate Drive			Line <u>4.21</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured	
Southpointe Center, Sui	te 205		Claims	
Canonsburg City	PA State	15317 ZIP Code	Last 4 digits of account number 7 7 2 9	
Midland Funding LLC			On which entry in Part 1 or Part 2 did you list the original creditor?	
320 E Big Beaver Rd, S	uite 300		Line <u>4.5</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims	
Troy	MI State	48083 ZIP Code	Last 4 digits of account number 5 7 9 3	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?	
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims	
City	State	ZIP Code	Last 4 digits of account number	

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$5,300.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
	6e. Total. Add lines 6a through 6d.	6e.	\$5,300.00
			Total claim
Total claims	6f. Student loans	6f.	\$318,320.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other	Ch	
	similar debts	6h.	\$
	similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$

Fill in this information to identify your case:					
Debtor	Robert Fasar	10			
	First Name	Middle Name	Last Name		
Debtor 2	Francesca Fasano				
(Spouse If filing)	First Name	Middle Name	Last Name		
United States Case number (If known)	Bankruptcy Court fo 5:20-bk-036	or the: Middle District of Pen	nnsylvania		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company wit	h whom you l	nave the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

Fill in this information to identify your case:						
Debtor 1	Robert Fasano	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	Francesca Fasano		Last Name			
United States Bankruptcy Court for the: Middle District of Per		ddle District of Pennsylv	ania			
Case number (If known) 5:20-bk-03637-RNO						

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as ☑ No	s a codebtor.)
	Yes	
2.	Within the last 8 years, have you lived in a community property state or territory? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash	
	No. Go to line 3.	
	☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
	No	
	Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equivalent	
	Number Street	
	City State ZIP Code	
3.	In Column 1, list all of your codebtors. Do not include your spouse as a codebtor	if your spouse is filing with you. List the person
	shown in line 2 again as a codebtor only if that person is a guarantor or cosigne	
	Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule D (Official Form 106E/F),	lle G (Official Form 106G). Use Schedule D,
	Schedule E/F, or Schedule G to fill out Column 2.	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.1		,
0.1	Name	Schedule D, line
	Name	☐ Schedule E/F, line
	Number Street	Schedule G, line
	City State ZIP Code	
3.2		
0.2	Name	Schedule D, line
	Name	☐ Schedule E/F, line
	Number Street	Schedule G, line
	Ott. 77D Oct.	
3.3	City State ZIP Code	
3.3	J	Schedule D, line
	Name	☐ Schedule E/F, line
	Number Street	Schedule G, line
	City State ZIP Code	
	Coop F:20 bl/ 02627 DNO Doo 20 Filed 02/12/21	Entered 02/12/21 10:21:20 Dece

Fill in this information to identify	your case:				
Debtor 1 Robert Fasano					
First Name	Middle Name	Last Name			
Debtor 2 Francesca Fasa (Spouse, if filing)	Middle Name	Last Name			
United States Bankruptcy Court for the:	Middle District of Pennsylv	ania			
Case number 5:20-bk-03637-F				Check if th	nie ie:
(If known)					ended filing
					ended ming element showing postpetition chapter 13
					e as of the following date:
Official Form 106I	_			MM / D	D/ YYYY
Schedule I: You	ır Income				12/15
supplying correct information. If y	ou are married and not fi use is not filing with you, e top of any additional pa	ling jointly, and you	ur spoi	use is living with yon about your spou	or 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,					Zeater Zer men minig epeace
attach a separate page with	Employment status	☑ Employed			☐ Employed
information about additional employers.	Employment status	☐ Not employ	ed		✓ Not employed
Include part-time, seasonal, or self-employed work.					
Occupation may include student	Occupation	Teacher			
or homemaker, if it applies.					
	Employer's name	City of New \	ork -8	School System	
	Employer's address	450 West 33	rd St	1th El	
	Employer 5 dadress	Number Street	iu Si,	+41111	Number Street
		New York		NY 10001	
		City	State	ZIP Code	City State ZIP Code
	How long employed the	ere? 24 years			
Part 2: Give Details Abou	t Monthly Income				
-		m If you have noth	ing to re	port for any line, wr	ita CO in the appear Include your pen filing
spouse unless you are separated		m. II you nave nom	ing to re	port for any line, wi	ite \$0 in the space. Include your non-filing
If you or your non-filing spouse h below. If you need more space, a			ormation	for all employers fo	or that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sa deductions). If not paid monthly			2.	\$_10,409.00	\$
3. Estimate and list monthly ove	rtime pay.		3. +	- \$	+ \$
4. Calculate gross income. Add l	ine 2 + line 3.		₄ [\$ 10,409.00	\$

Robert Fasano
First Name Middle Name Last Name

			Fo	or Debtor 1		For Debtor 2 or				
						non-filing spouse				
С	opy line 4 here	4 .	\$_	10,409.00		\$	_			
5. Li :	st all payroll deductions:									
5	5a. Tax, Medicare, and Social Security deductions	5a.	\$	2,168.00		\$				
	bb. Mandatory contributions for retirement plans	5b.	\$			\$				
5	5c. Voluntary contributions for retirement plans	5c.	\$_			\$				
5	d. Required repayments of retirement fund loans	5d.	\$_	346.00		\$	_			
5	Se. Insurance	5e.	\$_			\$	_			
5	of. Domestic support obligations	5f.	\$_			\$	_			
5	5g. Union dues	5g.	\$_			\$	_			
5	5h. Other deductions. Specify:	5h.	+\$_			+ \$	_			
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	2,514.00		\$	_			
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	7,895.00		\$	_			
8. L	ist all other income regularly received:									
8	Ba. Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_			\$	_			
;	Bb. Interest and dividends	8b.	\$			\$	_			
8	Bc. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent	-							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_			\$	_			
8	Bd. Unemployment compensation	8d.	\$_			\$	_			
8	Be. Social Security	8e.	\$_			\$	_			
	Bf. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$			\$				
							_			
	8g. Pension or retirement income	8g.	\$_			\$	_			
8	Bh. Other monthly income. Specify:	8h.	+\$_			+\$				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_			\$		_		
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. \$_	7,895.00	+	\$	_	\$_	7,8	395.00
Ir fr	tate all other regular contributions to the expenses that you list in <i>Sched</i> aclude contributions from an unmarried partner, members of your household, you are relatives.	your d	depen	•			,			
	to not include any amounts already included in lines 2-10 or amounts that are				uses		<i>J</i> . 1. +	Ф		
	pecify:						i i . 🐨	Φ_		
	dd the amount in the last column of line 10 to the amount in line 11. The Irite that amount on the Summary of Your Assets and Liabilities and Certain S					•	2.		mbine	395.00 d income
	Oo you expect an increase or decrease within the year after you file this f ✓ No.	form?	?					1110	THUMY	come
	☐ Yes. Explain:						_	_		

Fill in this information to identify your case:			
Debtor 1 Robert Fasano First Name Middle Name Last Name	Check if this	s is:	
Debtor 2 Francesca Fasano	An amer		
(Spouse, if filing) First Name Middle Name Last Name Last Name Middle District of Poppeylycpia	☐ A supple	ement showing postp	
United States Bankruptcy Court for the: Middle District of Pennsylvania Case number 5:20-bk-03637-RNO	expense	es as of the following	date:
Case number (If known) 5:2U-DK-U3037-RNU	MM / DD	/ YYYY	
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fi information. If more space is needed, attach another sheet to this form (if known). Answer every question.			-
Part 1: Describe Your Household			
Is this a joint case?			
☐ No. Go to line 2.☑ Yes. Does Debtor 2 live in a separate household?			
☑ No			
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do you have dependents?Do not list Debtor 1 andYes. Fill out this information for		Dependent's age	Does dependent live with you?
Debtor 2. each dependent Do not state the dependents'	Son	25	□ No ☑ Yes
names.			Yes No
			Yes
			☐ No
			Yes
			☑ No☑ Yes
			☐ No
			Yes
3. Do your expenses include expenses of people other than yourself and your dependents? □ No ✓ Yes			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you	are using this form as a supplem	nent in a Chapter 13 c	ase to report
expenses as of a date after the bankruptcy is filed. If this is a supplen applicable date.	_		
Include expenses paid for with non-cash government assistance if yo		V	
such assistance and have included it on Schedule I: Your Income (Of	,	Your expe	nses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	e iirst mortgage payments and	4. \$	1,858.00
If not included in line 4:			
4a. Real estate taxes		4a. \$	
4b. Property, homeowner's, or renter's insurance		4b. \$	
4c. Home maintenance, repair, and upkeep expenses		4c. \$	175.00
4d. Homeowner's association or condominium dues		4d. \$	100.00

First Name Middle Name

Last Name

			Your e	xpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
6	Utilities:			
٠.	6a. Electricity, heat, natural gas	6a.	\$	450.00
	6b. Water, sewer, garbage collection	6b.	\$	40.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	650.00
	6d. Other. Specify:	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	1,550.00
8.	Childcare and children's education costs	8.	\$	
9.	Clothing, laundry, and dry cleaning	9.	\$	150.00
0.	Personal care products and services	10.	\$	
1.		11.	\$	110.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	720.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	90.00
4.		14.	\$	25.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	
	15b. Health insurance	15b.	\$	
	15c. Vehicle insurance	15c.	\$	525.00
	15d. Other insurance. Specify:	15d.	\$	
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
7	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	503.00
	17b. Car payments for Vehicle 2	17b.	\$	478.00
	17c. Other. Specify: Tacoma used by son who pays 3rd car loan	17c.		
	17d. Other. Specify:	17d.		
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		
		10.	\$	
9.	Other payments you make to support others who do not live with you.	40	•	
	Specify:	19.	\$	
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	e.		
	20a. Mortgages on other property	20a.	\$	
	20b. Real estate taxes	20b.		
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.		
	20e. Homeowner's association or condominium dues	20e.	\$	

Debtor 1

Case number (# known) 5:20-bk-03637-RNO

Robert Fasano
First Name Middle Name Last Name

21. Oth	er. Specify: Teacher Supplies & Dog Care	21.	+\$	183.00
2. Cal	ulate your monthly expenses.			
22a	Add lines 4 through 21.	22a.	\$	7,607.00
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	
22c	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	7,607.00
3. Calc	alate your monthly net income.			7.005.00
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,895.00
23b.	Copy your monthly expenses from line 22c above.	23b.	- \$	7,607.00
23c.	Subtract your monthly expenses from your monthly income.			288.00
	The result is your monthly net income.	23c.	Φ	
4. Do y	ou expect an increase or decrease in your expenses within the year after you file this form?			
	xample, do you expect to finish paying for your car loan within the year or do you expect your			
	age payment to increase or decrease because of a modification to the terms of your mortgage?			
☑ ∧				
-	Explain here:			